


डायबिटी

की अनदेखी

जीवन से खिलव



 GPS Map Camera



Jhansi, Uttar Pradesh, India

FJ58+CQQ, Bundelkhand University, Jhansi, Uttar Pradesh 284128, India

Lat 25.458373°

Long 78.616905°

28/09/24 03:37 PM GMT +05:30



भारत सरकार

Government of India



ललित पटेल

Lalit Patel

जन्म तिथि / DOB : 20/07/1991

पुरुष / Male



9432 0453 2508

आधार - आम आदमी का अधिकार

10mm/mV

BPL

10mm/mV

10mm/mV

I

aVR

V1

II

aVL

V2

III

aVF

V3

25mm/s AC50 EMG ADS 2023-09-28 14:19:16

10mm/mV



Vent. Rate(BPM) : 104

PR Int.(ms) : 151
 P/QRS/T Int.(ms) : 122 98 168
 QT/QTc Int.(ms) : 331 441
 P/QRS/T Axis(Deg.) : 24 37 26
 RV1/SV5 Amp.(mV) : 0.07 0.20
 RV5/SV1 Amp.(mV) : 0.37 0.90

Lalit Patel 334/m
 <ECG Analysis Result>

802 Sinus Tachycardia
 *** Borderline Abnormal ECG ***

WALC

V2.35

Dr. B. K. Gupta
 M.D. (Patho)
 Reg. 49734
 Voluntary Pathology,
 Parakh Pathology Lab
 Medical College, Jhansi

Note: Unconfirmed Report Need to Review.

Dr. Vinod Kumar Jais
 M.B.B.S. M.D. (MED.)
 Reg. No. -425/14

<C > 999900001606 --Y / cm/Kg /2 mmHg

PHILIPS

Rajat Jain Ultrasound Clinic-Jhansi

MI 0.8 9/28/2024
TIS 0.2 3:17:47 PM

Adult Echo

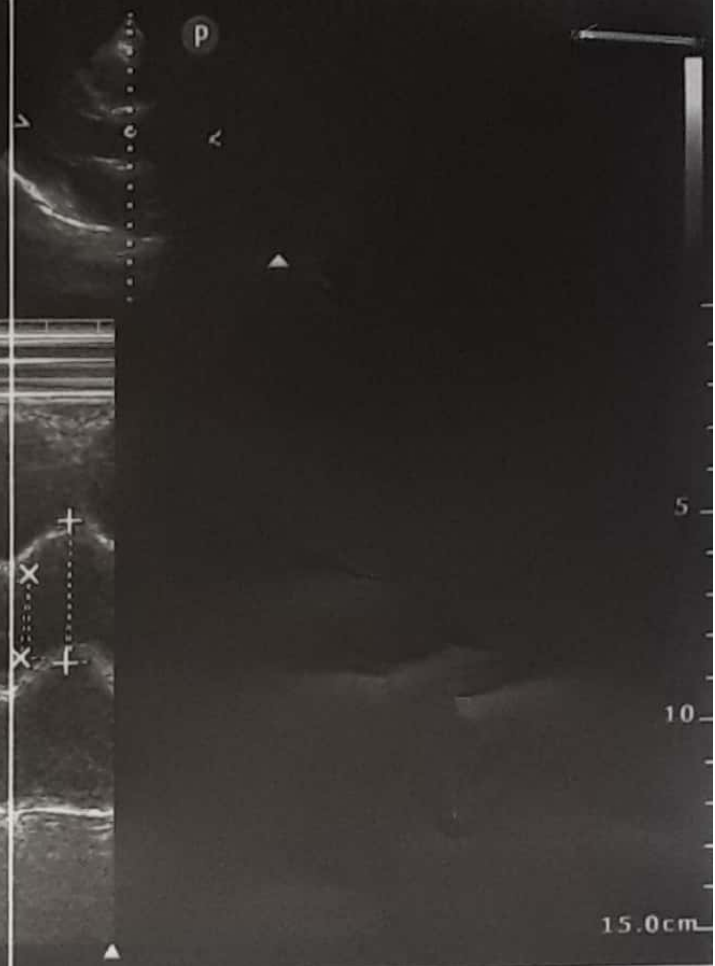
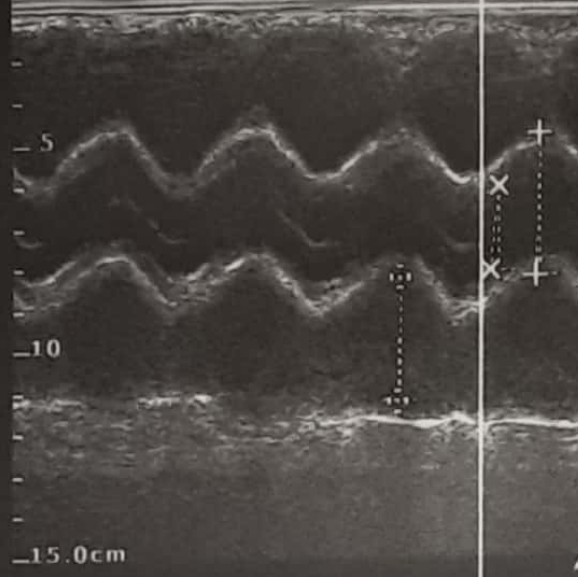
S4-
35 Hz
15.0 cm

+	Distance	3.44 cm
	Time	0.013 sec
	Slope	255 cm/s
x	Distance	2.04 cm
	Time	0.034 sec
	Slope	60.4 cm/s
o	Distance	3.02 cm
	Time	0.007 sec
	Slope	447 cm/s

2D
HCen
Gr 54
55
3/2/0

M-mode

3/3
50 mm/s



PHILIPS

Rajat Jain Ultrasound Clinic-Jhansi

MI 0.8 9/28/2024
TIS 0.2 3:17:31 PM

Adult Echo

S4-
35 Hz
15.0 cm

+	Distance	3.91 cm
	Time	0.007 sec
	Slope	579 cm/s

2D
HCen
Gr 54
55
3/2/0

M-mode

3/3
50 mm/s



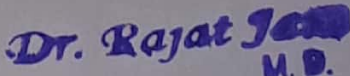
Pt's Name:- Lalit Patel
Referred By:-Parakh Pathology

Age/Sex:- 33yrs./ M
Dated:-28/09/24

COLOR DOPPLER ECHOCARDIOGRAPHY REPORT

INTERPRETATION SUMMARY:-

- NORMAL STUDY
- LV SYSTOLIC FUNCTION IS NORMAL
- CARDIAC VALVES ARE NORMAL
- LVEF 64%


M. D.
Rajesh Jain Hospital & Research Center
Kargan Ji Road, Jhansi

PROF . RAJAT JAIN MD. (MEDICINE)

LT.VENTRICLE:- NORMAL. There is no thrombus in it.

LT.ATRIUM:-The left atrium is normal. There is no thrombus in it.

RT.VENTRICLE:-The right ventricle is normal.

RT.ATRIUM:-The right atrium is normal in size.

IA SEPTUM:-Normal.

IV SEPTUM: -The inter ventricular septum is intact.

PULMONARY ARTERY: -The pulmonary artery is normal.

AORTIC ROOT: -The aortic root is normal in size.

PERICARDIUM: -The pericardium is normal.

MITRAL VALVE: -The mitral valve is thin and pliable. Area is normal.

AORTIC VALVE: -The aortic valve is thin and pliable. It is tricuspid.

TRICUSPID VALVE: -The tricuspid valve is thin and pliable.

PULMONARY VALVE: -The pulmonary valve is NORMAL

M-MODE MEASUREMENTS & CALCULATIONS:-

NORMAL RANGE IN ADULT

Aortic Annulus:- 34mm.	(25-39mm)
Aortic Cusp Separation:- 20mm.	(11-20mm)
LA Dimension:- 30mm.	(25-39mm)
LVID [ED]:- 39mm.	(40-55mm)
LVID [ES]:- 24mm.	(25-40mm)
LV EJECTION FRACTION:- 64%.	(60-80%)
HEART RATE:- /min.	(60-100)



DOPPLER MEASUREMENTS:-

MITRAL VALVE:-

Max. Velocity:- 1.3/sec.

Max. PG:- 6.8mmHg.

TRICUSPID VALVE :-

Max. Velocity:- 0.7m/sec.

Max. PG:- 2.2mmHg.

AORTIC VALVE:-

Max. Velocity:- 0.8m/sec.

Max. PG:- 2.6mmHg.

PULMONARY VALVE:-

Max. Velocity:- 0.6m/sec.

Max. PG:- 1.5mmHg.



उकशा अल्ट्रासाउण्ड सेंटर

हरे कृष्णा डॉवर, करगुवाँ जी रोड, गेट नं० 02 के सामने, म०ल०बा० मेडीकल कॉलेज, झाँसी (उ०प्र०) 284 128

ULTRASOUND REPORT

NAME: SHRI LALIT PATEL

AGE/SEX: 33 YRS/M

DATE: 28/09/2024 ^{Date}.....

REF. BY: PARAKH PATHOLOGY.

INVESTIGATION DONE: U.S. ABDOMEN.

LIVER: It is normal in size with homogeneous echotexture. Parenchymal echogenicity is normal. Contours are smooth & regular. No focal mass lesion is seen. IHBR are not dilated. Portal and hepatic veins are normal in caliber. Sub diaphragmatic space is normal.

GALL BLADDER: It is normal in size shape and outline. Its wall is normal in thickness. No stone or mass is seen in its lumen. Bile is anechoic. CBD is normal in caliber.

PANCREAS: are normal in size, shape & echotexture. MPD is not dilated.

KIDNEYS: Both are normal in size, shape and position. Contours are smooth and regular. Cortical thickness is normal on both sides. Cortical echogenicities are normal. Corticomedullary differentiation is normal on both sides. PCS and ureter are not dilated on both sides. No stone is seen in either kidney or ureter. Renal movements with respiration are normal on either side.

SPLEEN: It is normal in size with homogenous echopattern. No focal mass lesion is seen. S. V. is normal in caliber. No enlarged mesentric or retroperitoneal lymph nodes are seen. Aorta and IVC are normal in caliber. No free fluid is seen in the abdomen cavity.

URINARY BLADDER: It is sub optimally distended. Its wall is normal in thickness. No stone or mass is seen in its lumen.

PROSTATE: It is normal in size. Its shape and echopattern are normal. Its capsule is intact.

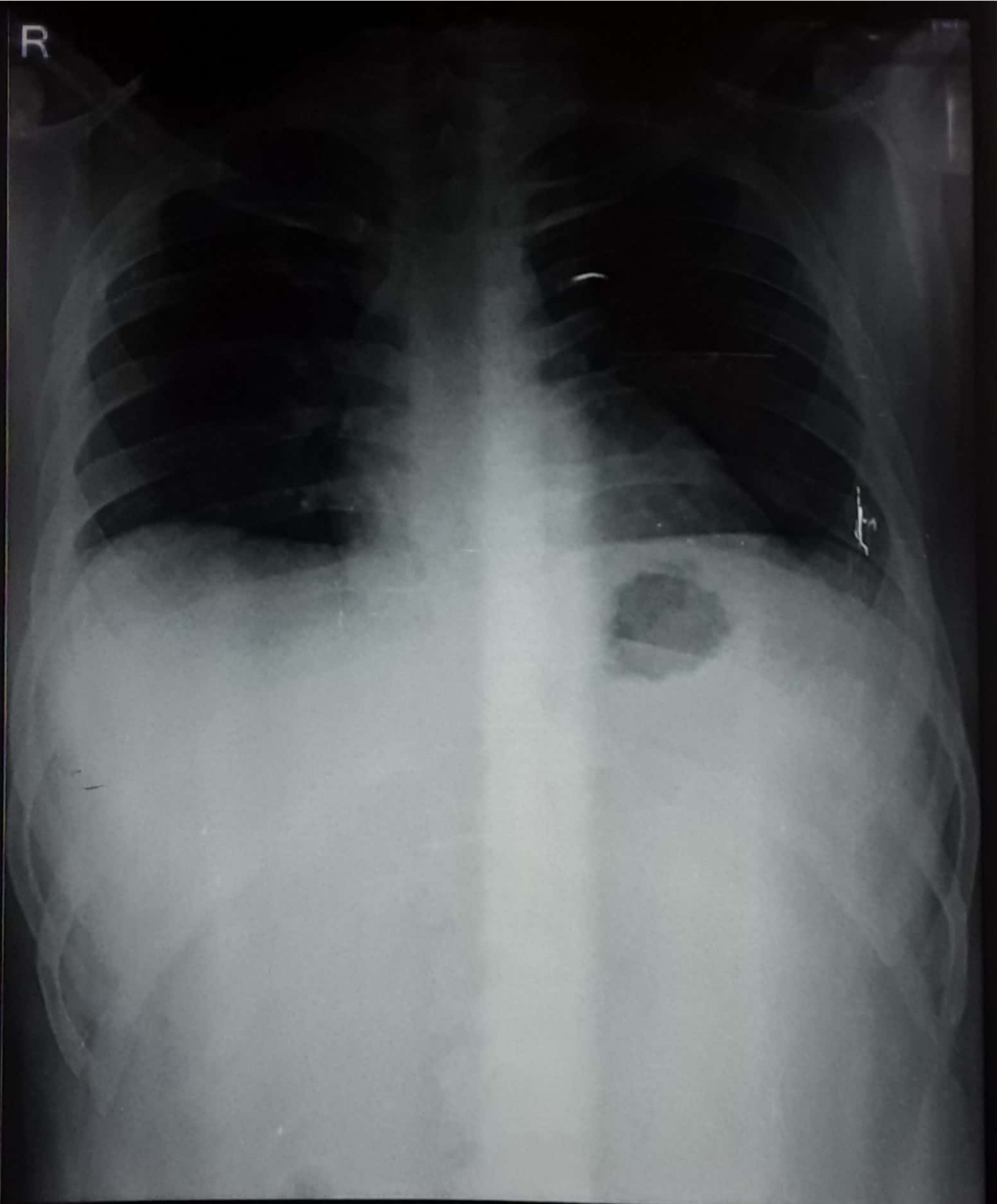
IMPRESSION: NO SONOGRAPHICALLY DETECTIBLE ABNORMALITY SEEN IN PRESENT SCAN.

Dr. ASHISH UXA

M.B.B.S, D.M.R.E.
Radiologist

- THIS REPORT IS NOT VALID FOR MEDICO-LEGAL PURPOSES.
- ALL REPORTS SHOULD BE CORELATED CLINICALLY AND FINDINGS REPEATED IF DISPARITY IS OBSERVED.
- ULTRASOUND INTER-PRETATION REPRESENTS ONLY SOME OF THE VARIOUS POSSIBILITIES AND NOT THE EXACT PATHOLOGICAL DIAGNOSIS
- IT IS NOT POSSIBLE TO DETECT ALL FETAL ANOMALIES IN ONE SCAN DUE TO CONSTANT FETAL MOVEMENTS & CHAGING POSITION.

R



MR. LALIT PATEL 33YR 28/09/2024 M CHEST, PA 11:36 AM
NAMAN X-RAY GLOBAL HOSPITAL JHANSI

Parakh Diagnostics

Karguwan Ji Road, Opp Medical College Gate No. 2, Jhansi
Ph : 0510-2321192, 9415068274, e-mail : parakhdiagnostics2000@gmail.com



Balance:2000

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Reported On: 28/09/2024 13:12:36
Print Date & Time: 28/09/2024 18:00:20

Date: 28/09/2024 **Patient ID:**102414719 **Refd by Lab:** MEDIWHEEL TPA **Mob:**7905476619
Name: Mr. LALIT PATEL **Age:** 33 Yrs 2 Mon 12 Days **Gender:** Male
Refd by: **Slide No:**
Pt. E-mail ID : **Hospital**

Test	Value	Biological Ref Interval	Unit
MEDIWHEEL FULL BODY ANNUAL PLUS			
Complete Blood Count			
Total Leucocyte Count (TLC)	6460	4000 - 11000	µL
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils	47.0	40.0 - 75.0	%
Lymphocytes	44.0	20.0 - 45.0	%
Monocytes	05.0	02.0 - 10.0	%
Eosinophils	04.0	01.0 - 06.0	%
Basophils	00.0	00.0 - 01.0	%
Immature Cells	00		%
Method : Flowcytometry/Microscopy			
R B C	5.09	4.50 - 5.50	millions/cmm
Haemoglobin (Hb)	15.2	13.0 - 17.0	gm/dl
Method: Photometric, Sample Type: EDTA Whole Blood			
P.C.V / Haematocrit	45.9	40.0 - 54.0	%
M C V	90.1	76.0 - 96.0	fl.
M C H	29.9	27.0 - 32.0	picogram
M C H C	33.1	30.0 - 35.0	gm/dl
RDW	12.7	12.8 ± 1.2 %	%
Platelet Count	0175	0150 - 0450	x10 ³ /µL
ABSOLUTE LEUCOCYTE COUNT			
Absolute Neutrophil Count	3036	2000 - 7000	/µL
Absolute Lymphocyte Count	2842	1000 - 3000	/µL
Absolute Monocyte Count	323	200 - 1000	/µL
Absolute Eosinophil Count	258	20 - 500	/µL
IMMATURE PLATELET FRACTION (IPF)	8.7 H	0.9 - 7.0	%

Comments

1. Increased IPF values indicate increased peripheral destruction & low IPF values indicate decreased Bone Marrow production.
2. The clinical utility of IPF is in the Laboratory diagnosis of Thrombocytopenia due to increased peripheral Platelet destruction, particularly Autoimmune Thrombocytopenia Purpura (AITP) and Thrombotic Thrombocytopenic Purpura (TTP) Following patients during treatment the Platelet counts recovered the IPF% FELL.

MRS. HIRDESH GUPTA
Test Requested by: MICROBIOLOGY
MSC (Medical Micro Biology)

DR POORVI GUPTA
BIOCHEMIST
MSc(Phd) Med. BIOCHEM

Dr. B. K. Gupta
M.D. (PATHO)
CONSULTANT PATHOLOGIST
PARAKH PATHOLOGY LAB
Opp Medical College, JHANSI

Thanks for Refrence

Sample Brought / Collected

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Dr. Signature

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Refd by: Slide No:
Pt. E-mail ID : Hospital

Test	Value	Biological Ref Interval	Unit
3. IPF has a strong correlation with the recovery in Platelets counts in patients with Dengue. After a peak fall in IPF			

Advised:

Urgent recheck of platelet count with a fresh E.D.T.A sample in case the platelet count is not correlating clinically.,
Followup and clinical correlation

ERYTHROCYTE SED.RATE (WIN) *	04	00 - 10	mm/lst hr.
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BLOOD GROUP, ABO & Rh TYPING

BLOOD GROUP	"B"
Rh TYPING	POSITIVE

Method:Agglutination,Sample:EDTA whole blood,Serum

The upper agglutination test for grouping has some limitations.
For further confirmation Reverse typing card (Dia clon ABO / D) Method is suggested.

HBA1C	5.23		%
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Method: HPLC, Sample: EDTA

AS PER ADA GUIDELINES

DIAGNOSIS	HbA1c LEVEL
Normal	: Below 5.7 %
Prediabetes	: 5.7 % - 6.4%
Diabetes	: > 6.5 %

FOR KNOWN DIABETIC	HbA1c LEVEL
Target Value is	: 6.5% - 7.5%

ESTIMATED AVERAGE GLUCOSE (eAG)	103.40	65.00 - 135.00	mg/dL
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Method : Calculated

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Name: **Mr. LALIT PATEL** Age: 33 Yrs 2 Mon 12 Days Gender: Male
Refd by: Slide No:
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Test	Value	Biological Ref Interval	Unit
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REMARKS:-

In vitro quantitative determination of **HbA1c** in whole blood is utilized in long term monitoring of glycemia .The **HbA1c** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 8 -12 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1c** be performed at intervals of 3-6 months during diabetes mellitus therapy. Results of **HbA1c** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers- mg/dl.

GLUCOSE FASTING	119.4 H	70.0 - 99.0	mg/dl
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Method: Hexokinase, Sample:Sodium Fluoride Plasma

Normal: 70.0 - 99.0
Impaired Fasting Glucose : 100 - 125
Diabetes Mellitus : >126

TARGET FOR KNOWN DIABETIC
As per ADA Guidelines
Fasting : 80 - 120 mg/dl

GLUCOSE PP	137.4	110.0 - 140.0	mg/dl
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Method: Hexokinase, Sample:Fluoride Plasma

Normal : < 140
Impaired Glucose Tolerance : 140 - 199
Diabetes Mellitus : >200

TARGET FOR KNOWN DIABETIC
As per ADA Guidelines
PP : <180 mg/dl

LIPID PROFILE (BASIC)

CHOLESTEROL	189.2	Optimal : < 200 Border Line : 200 -239 High Risk : > 240	mg/dl
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Method: Oxidase, esterase peroxidase.Sample:Serum

TRIGLYCERIDES	113.9	Optimal : <150 Border Line : 150 - 199 High Risk : 200 - 499 Very High Risk : >500	mg/dL
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Method: Enzymatic End-point, Sample: Serum

H D L CHOLESTEROL	41.2		mg/dL
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Method:Direct Measure - PEG. Sample: Serum

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Test	Value	Biological Ref Interval	Unit
V L D L Cholesterol Method: Calculated, Sample: Serum	22.8	MALE Optimal : >55.0 Border Line : 35 - 55 High Risk : < 35.0 FEMALE Optimal : > 65.0 Border Line : 45 - 65 High Risk : < 45.0 < 30.0	mg/dl
SERUM CHOLESTEROL/HDL RATIO Method: Calculated	4.59	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.1 Moderate Risk : 7.2 - 11.0	
L D L CHOLESTEROL Method: Direct Measure. Sample: Serum	78.3	Optimal : <100 Near or Above- Optimal : 100 - 129 Border Line : 130 - 159 High Risk : 160 - 189 Very High Risk : >190	mg/dl
<u>LIVER FUNCTION TEST (I)</u>			
TOTAL BILIRUBIN Spectrophotometry	0.65	0.00 - 1.10	mg/dl
NEW BORN AGE OF NEW BORN PREMATURE 24 Hours 1.0 - 6.0 48 Hours 6.0 - 8.0 3 - 5 Days 10.0 - 15.0 AGE OF NEW BORN FULL TERM 24 Hours 2.0 - 6.0 48 Hours 6.0 - 7.0 3 - 5 Days 4.0 - 12.0 Reference range according to THOMAS Total bilirubin: upto 1.10			
CONJUGATED (D. Bilirubin) Spectrophotometry	0.30	0.00 - 0.40	mg/dl
UNCONJUGATED (I.D. Bilirubin)	0.35	0.20 - 0.70	mg/dl
TOTAL PROTEIN Spectrophotometry	7.30	6.40 - 8.30	gm/dl

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Test	Value	Biological Ref Interval	Unit
ALBUMIN Spectrophotometry	4.10	2.80 - 4.60	gm/dl
GLOBULIN	3.20	2.30 - 3.50	gm/dl
A/G RATIO	1.28	0.80 - 2.00	
S.G.O.T (AST) Method: UV without P5P, Sample: Serum	50.0 H	0.0 - 40.0	U/L
S G.P.T (ALT) Method: UV without P5P, Sample: Serum	62.6 H	0.0 - 40.0	U/L
ALKALINE PHOSPHATASE OPTIMIZED Method: PNPP, AMP Buffer, Sample: Serum	96.3	40.0 - 129.0	U/L
G G T P (Gamma GT) Method: Glutamyl Carboxy-nitro, Sample: Serum	21.3	8.0 - 61.0	U/L
KFT-KIDNEY FUNCTION TEST			
UREA Method: Urease, UV, Sample: Serum	26.3	15.0 - 45.0	mg /dl
S.CREATININE Method: Alkaline Picrate Kinetic, IFCC-IDMS Stand.	1.00	0.70 - 1.20	mg/dl
URIC ACID Method: Uricase Colorimetric, Sample: Serum	6.80	3.40 - 7.00	mg/dl
TOTAL PROTEIN Spectrophotometry	7.30	6.40 - 8.30	gm/dl

Adult (Male) : 40 - 129 U/L
Adult (Female) : 35 - 104 U/L
1 Day : < 250 U/L
2 - 5 Days : < 231 U/L
6 Days - 6 Month : < 449 U/L
7 Months - 1 Year : < 426 U/L

Adult (Male) : 0.70 - 1.20
Adult (Female) : 0.50 - 0.90
Neonates (premature) : 0.29 - 1.04
Neonates (Full term) : 0.24 - 0.85

Male : 3.4 - 7.0
Female : 2.4 - 5.7

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Refd by: **Slide No:**
Pt. E-mail ID : **Hospital**

Test	Value	Biological Ref Interval	Unit
ALBUMIN Spectrophotometry	4.10	2.80 - 4.60	gm/dl
GLOBULIN	3.20	2.30 - 3.50	gm/dl
A/G RATIO	1.28	0.80 - 2.00	
S.SODIUM Method: Ion selective electrode, Sample: Serum	141.5	135.0 - 150.0	mmol/L
S.POTASSIUM Method: Ion selective electrode, Sample: Serum	4.30	3.50 - 5.30	mmol/L
S.CALCIUM Method: BAPTA, Sample: Serum	9.80	Adult: 8.6 - 10.2 Children(0-10 days): 7.6 - 10.4 Children(10 days-2 yrs) : 9.0 - 11.0 Children(2-12 yrs): 8.8 - 10.8	mg/dl
BLOOD UREA NITROGEN (BUN) * Method: Urease, UV, Sample: Serum	12.3	6.0 - 20.0	mg/dl
TOTAL T3 Method: CLIA, Sample: Serum	1.12	0.87 - 1.78 Adults (>15 yrs) : 0.87 - 1.78 New born : 0.75 - 2.60 1 - 5 Yrs : 1.00 - 2.60 5 - 10 Yrs : 0.90 - 2.40 10 - 15 Yrs : 0.80 - 2.10	ng/ml
TOTAL T4 Method: CLIA, Sample: Serum	9.30	6.09 - 12.23 Adults : 6.09 - 12.23 1 - 3 days : 8.20 - 19.9 1 week : 6.00 - 15.9 1 - 12 month : 6.1 - 14.9 1 - 3 yrs : 6.80 - 13.5 3 - 10 yrs : 5.50 - 12.8 >10 Yrs : 6.09 - 12.23	µg/dl
TSH Method: CLIA, Sample: Serum	1.02	0.40 - 5.50	µIU/ml

MRS. HIRDESH GUPTA
 Test Requester MICROBIOLOGY BODY
 MSC (Medical Micro Biology)

DR POORVI GUPTA
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(Signature)
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 M.D. (PATHO)
 CONSULTANT PATHOLOGIST
 PARAKH PATHOLOGY LAB
 Opp Medical College, JHANSI

DR. B.K. GUPTA
 M.D. (PATHO)

Thanks for Refrence

Sample Brought / Collected

Not Valid for Medico Legal Purpose

Dr. Signature

Note : The above mentioned report is professional opinion only, not diagnosis and should be interpreted in clinical correlation, if any discrepency arises then test will be repeated free of charge on consultant advice.

Parakh Diagnostics

Karguwan Ji Road, Opp Medical College Gate No. 2, Jhansi
Ph : 0510-2321192, 9415068274, e-mail : parakhdiagnostics2000@gmail.com

Booking Time: 11:20:41
Sample Drawn: 28/09/2024 12:21:29
Sample Received: 28/09/2024 12:21:30
Reported On: 28/09/2024 13:12:36
Print Date & Time: 28/09/2024 18:00:20



Balance:2000

TEST REPORT

Date: 28/09/2024 Patient ID:102414719 Refd by Lab: MEDIWHEEL TPA Mob:7905476619
Name: Mr. LALIT PATEL Age: 33 Yrs 2 Mon 12 Days Gender: Male
Refd by: Slide No:
Pt. E-mail ID : Hospital

Test	Value	Biological Ref Interval	Unit
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Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 am and at a minimum 6- 10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured TSH concentrations.

Children

Premature (28-36 Weeks) : 0.7 - 27.0 uIU/mL
Birth 4 Days : 1.0 - 39.0 uIU/mL
5 Days - 20 Weeks : 1.7 - 9.1 uIU/mL
21 Weeks - 20 Years : 0.7 - 6.4 uIU/mL

Adults

21 - 54 Years : 0.4 - 4.5 uIU/mL
55 - 87 Years : 0.5 - 8.9 uIU/mL

Pregnancy

First Trimester : 0.1 - 2.5 uIU/mL
Second Trimester : 0.2 - 3.0 uIU/mL
Third Trimester : 0.3 - 3.0 uIU/mL

URINE EXAMINATION - R/M

URINE ALBUMIN	NIL		
URINE FOR REDUCING SUBSTANCES	ABSENT	ABSENT	
MICROSCOPIC EXAMINATION			
PUS CELLS	0-1	NIL	/HPF
EPITHELIAL CELLS	0-1	NIL	/HPF
RBC's	NIL	NIL	/HPF
CRYSTALS	NOT DETECTED		
CASTS	NOT DETECTED		
BACTERIA	NOT DETECTED		
OTHERS	NOT DETECTED		
CRENATED R.B.C.	NOT DETECTED		
URINE GLUCOSE FASTING	NIL	NIL	
URINE GLUCOSE PP	NIL	NIL	NIL
TMT			

MRS. HIRDESH GUPTA
Test Requested by MICROBIOLOGY BODY
MSC (Medical Micro Biology)

DR POORVI GUPTA
BIOCHEMIST
MSc(Phd) Med. BIOCHEM


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Name: Mr. LALIT PATEL **Age:** 33 Yrs 2 Mon 12 Days **Gender:** Male
Refd by: **Slide No:**
Pt. E-mail ID : **Hospital**

Test	Value	Biological Ref Interval	Unit
ECG	.		
2D Echo	.		
USG whole Abdomen	.		
CHEST PA	.		

X-RAY CHEST PA VIEW

*Soft tissues and bony cage under view are normal.
Lung fields are normal.
Bilateral hilar shadows are normal.
Mediastinum and domes are normal.
Costophrenic angles are clear.
Cardiac size and shape is normal.*

IMPRESSION :- Normal Skiagram.
ENT CONSULTATION .
DENTAL CONSULTATION .
EYE CONSULTATION .
DIET CONSULTATION .
*** End of Report ***

MRS. HIRDESH GUPTA
Test Requester MICROBIOLOGY BODY
MSC (Medical Micro Biology)

DR POORVI GUPTA
BIOCHEMIST
MSc(Phd) Med. BIOCHEM


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